

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes X No

(CFA-4) Summary Sheet

12/19/2012 12:24

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FILE NUMBER						
TOTAL PAGES IN ENTIRE C	A-4 REPORT					
6						

	L		
COMMITTEE INFORMATION	A April 3 to V		
1. Full Name of Committee (as on Statement of Organization)	name		
Kerschner for Cornel Cly School  2. Acronym or Abbreviated Name (if any)	,/	Board	
2. Acronym or Abbreviated Name (if any)	3. Comn	nittee Telephone Number	
	(3/2	7)507-4	666
4. Mailing Address (address where all campaign finance correspondence is received)		is a new address	
9797 Wentwork Ct.			
5 City State ZIP Code	6. Party	Affiliation (if applicable)	
Carmel IN 46032		n/a	
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)	LOS ASSESSOR DE LA MARIE
7, Full Name of Candidate (include any nickname)	8. Party	Affiliation or If Independer	nt Candidate
M. Ke Kerschner		nla	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Coul	nty of Residence	
Carmel Clay School Board -at large		Hami / ton	
TYPE OF REPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of	f Organization)	Post-Con	vention
12. Reporting Period:		COLUMN A	COLUMN B
From: 10/13/12 Through: 12/		This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		\$ 1,053=	
14. Cash on hand and investments January 1, current year.		性 医二氯基酚	\$10
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	·	m Cts	56
15a. Itemized (use Schedule A)		12,310 50	B 2,310 56
15b. Unitemized			
	OTAL	1 - 24	1 5 5 ( 5 3 2
	TOTAL	# 3,363	\$ 3,363
EXPENDITURES	6.6		LANGE OF BURNE
(Note: These amounts include in-kind expenditures and loan repayments.)		32	23
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		\$ 3,363 2	¥3,363 €
17b. Unitemized			1 2 3 2
	TOTAL	# 3,363 82	13,363
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	<u> </u>	0
19. Debts OWED BY the committee (use Schedule D)		0	
20. Debts OWED TO the committee (use Schedule E)		0 5, 200	AIMNOS NOI HHYR
RTIFICATION			OR OFFICE USE ONLY
EST OF MY KNOWLEDGE AND BELIEF IT IS T	RUE, CORR	RECT AND COMPLETE.	rraw Au <b>uad</b>
Title	D	ate 12 / 6 / 13 : 17	X012 OE 19 PM
resover	2	ate .	
	.   0,	12/19/17	
d for sale or used for any commercial purpose.	(IC 3-9-4-5)	A person who knowingly	J-1     -1
person who fails to file a complete or accurate person who fails to file a complete person who fails a complete person who fails a complete person who fails a complete person			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

# (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE NUME	FILE NUMBER		
Page	of	2		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Leslie Katz	Contributions: Direct	415000	\$1500	10/14/12
1826 Fairmont St.	In-Kind (describe)			30.00
Carmel, IN 46032	Other Receipts: Interest Loan Misc. (specify)			M. Ke Kessehnar
Contributor's Occupation (if required)				
2 Barry S. Baer	Contributions:	\$1000	\$1000€	10/14/12
2265 Knollwood Dr.	In-Kind (describe)			
Bolder, (0 80302	Other Receipts:			MIR
Contributor's Occupation (if required)	Misc. (specify)			Kersohar
3 Stephen Klopper	Contributions:	# 50° CM	115000	10/14/12
10847 Dimond Dr.	In-Kind (describe)			
Carnel, IN 46032	Other Receipts:  Interest Loan  Misc. (specify)			M. Fe Kersahner
Contributor's Occupation (if required)	Misc. (specify)		,	1 -430 " 4
Les Brail	Contributions:  Direct	H 50°E	\$50°	10/15/12
1116 Irm Spring Ct.	In-Kind (describe)		D 50 =	0/10/12
Indinguli, IN 46240	Other Receipts:  Interest Loan			M. Fe
	Misc. (specify)			Kerschne
Contributor's Occupation (if required)				
5. Beth Lande	Contributions:	41000€	\$ 100 €	10/15/12
10043 5-mulikes Or.	In-Kind (describe)			
10043 5-malikes Or. Cornel, IN 46032	Other Receipts: Interest Loan Misc. (specify)		,	Mike Kersohn
Contributor's Occupation (if required)				7.
	THIS PAGE OF SCHEDULE A	\$ 450些		
TOTAL OF ALL PAGES OF SCHEDULE	ON THE LAST PAGE ONLY	\$		7.1 1.1 2.1
(Enter total on ITE	M 15a of the Summary Sheet)			72

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FILE NUMBER				
Page	2_	of	2_	

<u> </u>				
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	ON OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1 Robert Schriket	Contributions:	\$100 €	\$100°	10/19/12
1	In-Kind (describe)			
3851 Skeplethise Or.	<u> </u>			
Carnel, IN 46032	Other Receipts:  Interest Loan			Mile
	Misc. (specify)			Kessha
Contributor's Occupation (if required)				
2 Kathy Blandt	Contributions:	\$10000	\$ 100 00	10/26/12
11716 Gables End Ct.	In-Kind (describe)	"		
Cornel, IN 46032	Other Receipts:	-		1 - 1-
Come,	☐ Interest ☐ Loan ☐ Misc. (specify)			ME
	iviisc. (specify)			Kersih-
Contributor's Occupation (if required)	Contributions:			
Tamara Mall	Direct	\$ 5000	\$503	10/27/12
1514 Preswith Ciele	In-Kind (describe)	" 30 <del></del>	4 30=	
	Other Receipts:			j4. Ko
Cornel, IN 46032	Interest Loan  Misc, (specify)			Keisihn
Contributor's Occupation (if required)			Į.	1 43/1/2
" Mike Kerschner	Contributions:	1101-56	4815些	10/22/12
fire passing	Direct  In-Kind (describe)	88155	4815=	
9797 Wentwork Ch.				10/24/12
Carne! IN 40032	Other Receipts:	ļ		14. Ke
	Misc. (specify)			Kerschin
Contributor's Occupation (if required)		-		
5.	Contributions:			
	In-Kind (describe)			
		at any		
	Other Receipts:  Interest Loan			
	Misc. (specify)	,56	<u> </u> 	
Contributor's Occupation (if required)		\$1,065 =		
	THIS PAGE OF SCHEDULE A	s annaman		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$		



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## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	1	of	1	

		rag		
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Hudom Associate, Fr. P.O. Box 607 Carnel, IN 46082	Contributions:  Direct In-Kind (describe)	H 12500	8125空	11/5/12
Carnel, IN 46082	Other Receipts: Interest Loan Misc. (specify)			Mike Kesshne
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct tn-Kind (describe)	,		
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1250	,	
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$ PALINATIAN		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMB	ER
Page _	of	1

party committee).				
CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Torr Sr State Rep Committee	Contributions: Direct In-Kind (describe)	\$ 6700	\$67000	10/16/12
11944 Esty Way (wmel, IN 46033	Other Receipts: Interest Loan Misc. (specify)			M. Ke Kesihar
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts:  Interest Loan  Misc. (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions:  Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$6709		
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 2.3/0 =6		

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER
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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION  OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
		FUNFUSE (be specific)	PERIOD	IEAR-IO-DAIL	
Code A Current 30 5. Rangeline Rai Carnel, JN 46032		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	#670€	\$1670≌	10/20/12
VN Commencations 1429 Chase Ct. Come 1, IN 46032	·	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		41923=32	
Come & Current 30 5. Regelie Ra Cornel, FN46032		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$670°	41,4400	10/16/12
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG	GE OF SCHEDULE B	\$ 7 2/282		
TOTAL OF ALL PA	AGES OF SCHEDULE B ON TH		\$ 3, 363 E		
	(Enter total on ITEM 17a of		\$ 3,363		-7